

## **Medical Directors' Disaster Working Group**

### **Minutes – January 17, 2008**

- **Introductions**  
Attendees – Lori Upton, Sharon Nalls, Dr. Bob Mabry, Maxie Bishop, Pat Moriber, Dr. Mitch Moriber, Dr. Steven Ellerbe, Dr. Ira Nemeth, Dr. John Griswell, Chief Nim Kidd, Chris Callsen, Dr. James Kempema, Dr. Mark Ackrell, Duke Kimbrough, Dr. Ed Racht, Dr. Jeff Hayes, Dr. Roy Johnson, Dr. Emily Kidd, Dr. Paul Sirbaugh via teleconference
- A discussion took place regarding the necessity for seeking changes to State legislation giving physicians and other healthcare providers certain liability protection during a disaster response.
  - Some of the specific questions that came up include:
    - What do our public health colleagues say?
    - Are there any laws/legislation in effect today for medical personnel liability protection during a disaster or altered-standards-of-care situation?
    - Who would lead such a legislative initiative?
    - Are we protected now when we have to triage patients, which is an altered-standards-of-care situation?
    - Do we have any protection during a pandemic situation when we have globally limited resources?
    - Are we protected when we have to use altered methods of transportation (such as ALS buses)? Putting a patient on a bus rather than an ambulance would also be an altered standard of care.
- Dr. Racht brought up the point that there is no defined structure in Texas that allows for authority to alter standards of care, and there is no allowance for consensus changes. GETAC has no legislative standing.
- Some ideas (and more questions) that came up include:
  - When the Governor declares a disaster, can a declaration of liability protection be included to cover that disaster?
  - Should we as a group go to the legislature and ask for recognition of an entity to represent our patients' and the communities' special needs during a disaster?
  - Who should be included in this "entity"? (We called this entity the Clinical Advisory Committee during this meeting)
  - Who should drive or lead this group? Medical Directors? Public Health?
  - How would such a group work within DSHS and TMA?
  - Should the "entity" or group make standard altered protocols for possible disaster situations AND have the authority to convene and make consensus changes as necessary during a disaster?
  - What is the best way to educate the general population on the necessity for altered standards of care?

- We again agreed that we must have State Legislation that:
  - 1) Acknowledges the complex problems of altered standards of care and the dilemma of medical directors during a disaster or mass-casualty situation
  - 2) Provides for liability protection in disasters when altered standards of care must be implemented
  - 3) Gives a “Blessing of the Group” (the above mentioned Clinical Advisory Committee) to write standard and accepted altered protocols during a declared disaster, and to convene as necessary for consensus changes.
  
- We all agreed on a “Task List” of things that should be done:
  - Short Term “Band-Aid” – The group agreed that no long term solutions will be available by the upcoming hurricane season. Therefore we felt that we should present our dilemma to Chief Jack Colley with GDEM and gain his support for one of two possibilities:
    - 1) An executive order to be issued by the Governor authorizing DSHS to implement a policy that allows for altered standards of care and liability protection for physicians, medical directors, and other healthcare providers who are working within the State’s plan during a disaster **or**
    - 2) An addendum to the Governor’s Disaster Declaration at the time that declaration is issued that gives liability protection and recognition of a “group” that will make consensus changes for altered standards of care for that disaster.
  
  - Long Term – Legislation as mentioned above. Maxie Bishop offered to move forward with the legislative process on our behalf if the Medical Directors’ Committee would agree on a standard set of altered protocols and a recognized Clinical Advisory Committee for consensus changes, and these meet the approval of GETAC.
  
  - Draft our Altered Standards of Care Protocols.
  
- See attached list of possible groups to include in the “Clinical Advisory Committee”
  
- See attached ROUGH draft of the altered protocols that we discussed. We only got to talk about these briefly, so they are really more like notes on what the group discussed. We will have another meeting soon to continue work on these protocols.

